



JANET NAPOLITANO  
GOVERNOR

STATE OF ARIZONA

GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND FAMILIES

IRENE S. JACOBS  
EXECUTIVE DIRECTOR &  
SR. POLICY ADVISOR

## Solicitation Amendment #1

Solicitation Name: Arizona Civil Rights Project  
Solicitation No.: MK-VSG-07-7364-00  
Solicitation Due: **November 22, 2006 at 3:00 P.M. MST**

Application Opening: Governor's Office for Children, Youth and Families  
State Capitol Building, Executive Tower  
1700 W. Washington, Suite 101  
Phoenix, AZ 85007

Contact Person: Jeanne Weeks  
Email: jweeks@az.gov

**A SIGNED COPY OF THIS AMENDMENT SHALL BE RECEIVED AT THE ABOVE AGENCY LOCATION (PREFERABLY WITH THE SOLICITATION RESPONSE) PRIOR TO THE DUE DATE AND TIME. IT IS NECESSARY TO RETURN THIS FORM ONLY IF YOU ARE RESPONDING TO THE SOLICITATION. THIS SOLICITATION IS AMENDED AS FOLLOWS:**

**1. Page 8: Please follow these instructions in preparing your grant application-replace #4 with the following:**

*4. Grant Applications must be received by the GOCYF, 1700 W. Washington, Ste. 101, Phoenix, AZ 85007 **no later than 3:00 PM (MST), November 22, 2006. Telefaxed, electronic or late applications shall not be accepted.***

**2. Page 21: Checklist-replace the 3<sup>rd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> bullet points with the following:**

- ☐ Executive Summary – Narrative (Maximum one (1) page)
- ☐ Project Design – Narrative (Two – six pages)
- ☐ Standard Data Collection Form is completed and signed – Attachment C
- ☐ Financial Systems Survey is completed and signed – Attachment D
- ☐ Fifty (50) word (minimum) description of your MLK, Jr. Day of Service Project – Attachment C-page 24 – proposed program description goes in the empty box

**3. Page 22 – BUDGET SUMMARY, Attachment A – replace with new Attachment A**

**ALL OTHER PROVISIONS OF THE SOLICITATION SHALL  
REMAIN IN THEIR ENTIRETY.**

VENDOR HEREBY ACKNOWLEDGES  
RECEIPT AND UNDERSTANDING OF THE  
ABOVE AMENDMENT.

THE ABOVE REFERENCED SOLICITATION  
AMENDMENT IS  
ISSUED THIS DATE  
October 24, 2006

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name & Title

\_\_\_\_\_  
Procurement Specialist

## **SAMPLE BUDGET SUMMARY**

Please show how you plan to use the funding by creating a budget. Describe things that you will need to buy and how much each item costs; using the template provided, fill in the applicable cells. You may add rows or edit categories as needed. Fill out the chart first and then write the narrative in the Budget Narrative Worksheet to explain requests. **Create your budget to include all four proposed community volunteer projects.**

The financial information should detail **this funding application request only** – not the entire budget of your organization.

Items	\$Total Requested from ACRP (GOCYF)	\$Total In-kind or Donated	\$Total Project Cost
<b>PERSONNEL</b>			
<b>MATERIALS/SUPPLIES</b>			
<b>TRANSPORTATION</b>			
<b>TRAINING</b>			
<b>OTHER</b>			
<b>TOTALS</b>	<b>A \$</b>	<b>B \$</b>	<b>C \$</b>
<b>PERCENTAGES %</b>			

**A** - This is the total amount you are requesting from ACRP. This amount cannot exceed \$8,000.

**B** - This is the amount you, your organization or other donors are contributing (or expected to contribute). This amount must be equal to/or greater than 40% of total project cost.

**C** - This is the total amount of project.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_